(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more process. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Distance Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed.

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol telanus) may be stated under the head of "contributory." as fracture of skull, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature American Medical Association.) If this certificate is looked over thoroughly and all questions Recommendations on statement of cause of death Never report mere symptoms or terminal condi-Chronic and consequences (e. g., sepsis, valvular heart disease; affection need not be etc. The contributory

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STATE OF MARYLAND CERTIFICATE OF DEATH

and the state of t	Registration Dist. No. 183
Village or City Donarilly (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH March 23, 1932. (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from march 19 1932, to march 23, 1932, that I last saw him alive on march 23, 1932,
7 AGE 7 L yrs. 4 mos. 9 ds. or min.?	and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) I rade, profession or particular kind of work	Lobar finemania.
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yıs. mos 6 ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Dyration)
10 NAME OF FATHER Consports	(Signed) Jorman 1- demmile M. D.
OF FATHER (State of country)	*State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MAME May Myers.	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyismosds. In the Stateyismosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
(Informant) Onto Rohnbangh	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) smal swe far	Jawy Grove Darch 14, 1052
15 Filed Mar 26 1932 Thomas P. Brown Registra	21 1/ White rand Sine Pa

If more b.anks are needed, addre s Ltate Negistrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

3 No. 1

physi-

RECORD

BINDING

FOR

MARGIN RESERVED

Every (Yem) of Information should be carefully supplied. ACE should be stated EXACTY Y, procingly exact that it may be proporly classified statement of OCCUPATION is very important. See Instructions on back of certificate.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective cf tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e.g.. Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) without more precise specification as Day specifically the occupations of persons en-For persons who have no occupation Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); I Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,");

diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Whooping cough; use of "Tumor" for malignant neoplasms); Measles; State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentotanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid Chronic Example: Measles (disease etc. valvular heart disease; Always qualify all The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

(Year)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APR 7 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURNAU V. S.	July 5, 1927	Peritonitis	3 days ago
Annual to the second to the se			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Village or City (If death occurred in Ward) a hospital or institution, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH-MARRIED. WIDOWED. OR DIVORCED (Write the word) may (Month) (Day) BIND 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from I CE (Month) (Day) (Year) IlfLESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: ESERVED ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work plal (b) General nature of industry business, or establishment in (Duration) yrs mos 20 ds mporta which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF (Signed) FATHER 0 193 2 (Address) 11 BIRTHPLACE *State the Discase Causing Death, et, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER Z On CAU (State or country OIL ш 12 MAIDEN NAME œ V 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER E to ients or Recent Residents) CC 13 BIRTHPLACE In the At place OF MOTHER of deathyrsds. (State or country Where was disesse contracted, if not at place of death?... 14 THE ABOVE IS TRU KNOWLEDGE Every Rem CIANS sho statement Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Edquesting V. S. No.A

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(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman. cupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DRATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons endefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Form loborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DIST EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebros pinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

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easweed in detail, it will prevent further correspondence. All the

permanently filed.

carbelic acid-probably suicide. The nature of the injury Succident; Revolver wound of head-homicide; Poisoned by telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the American Medical Association.) Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e.g., sepeis, diseases resulting from childbirth or miscarriage as "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Meosles; (name origin; "Cancer" is less definite; avoid inges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by roilway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is looked over thoroughly and a'l questions eras probably such, if impossible to determine definitely. (secondary "Atrophy," "Collapse," "Come," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Example: Measles (disease

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K Sex	PLACE OF DEATH	STATE OF MARYLAND
THAT YELD	County Harry	CERTIFICATE OF DEATH
/. 7		Registration Dist. No. 18
CORD	Village or City Jewel (No.	St.: Ward) (If death occurred a hospital or institution, glve its NAME is stead of street as
(I) 'i'		number.)
T R	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A he su	Male A GOLOR OR RACE SINGLE, MARRIED, M	16 DATE OF DEATH March 19 1932 (Month) (Day) (Year)
BINDIF PERMA E chould	July 7 1902	17 March 18 1932 to War 19 , 193
A A A	(Month) (Day) (Year)	that I lest saw in the live on 1982
VED FOUND IS	(Month) (Day) (Year) 7 AGE 9 yrs. 8 mos. 6 ds. or min.?	
A A	particular kind of work	
G IN	business, or establishment in	(Duration) O yra mos 6 d
UNFADIN UNFADIN	which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary Duration Juris Juris Moss Contributory Secondary
MAF H UN CF D	10 NAME OF FATHER Jumwell Boyle	(Signed) Clerk Wille M. I. March 1937 (Address) Cleride St
WITI AUSE	OF FATHER (State or country)	*State the Disease Causing Death, et, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
A THO	of MOTHER Wargarth Hakiland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
L'Alac	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs des death des death des
FE PI m of hould	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
ITE tem	(Informant) Framully Boyle	Former or usual residence
WRITE	(Address) Aberder Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
E. No. 1	Filed Mich 2019237 Collection	29 UNDERTAKER HALL WARDERESS TO
, E		r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
		1114,

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more pressured mine, etc. Wom-laborer, Form laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesmon. (h) Grocery; (a) Foremon, (b) Automobile foctory. The material should be used only when necded. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmen (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housewald, etc. If the occupation has been changed ployed as At school, or At home. Care should be taken definite salary, may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Stationary fireman, etc. But in many

stinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia") to time and causation), using always the same accept-EA. 3 CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first the pis-(the only definite synonym is "Epidemic cerebropneumenia, Bronchopneumonia ("Pneumonia,

> stated unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid eurbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by roilwoy trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained "Uruemia," "Weakness," etc., when a definite disease "Inanition, tions, such as "Asthenia," "Anaemia" (mercly symptom-Chronic interstitial nephritis, American Medical Association.) approved by Committee on Nomenclature etanus) may be stated under the head of "contributory." (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death perilonaeum, etc., Corcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-" "Marasmus," "Old Age, or intercurrent) affection need as the cause. Always qualify all Chronic valvular heart etc. The contributory " Shock," discase; not be

data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and a'l qu'stions

permanently filed.

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H) is	PLACE OF DEATH County MEN A	STATE OF MARYLAND CERTIFICATE OF DEATH
7,	O lake.	Registration Dist. No. 80
RECORD	Village or City Jahre (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
F RE ated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
D Z O O O	3 9EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWS OR DIVORGED	18 DATE OF DEATH MON 19 , 19232 (Month) (Day) (Year)
A PERMA	6 DATE OF BIRTH may 15, 18	17 HEREBY CERTIFY, That I granded the deceased from 1952 to Way 9, 1923 7 (ear) that I last saw h Walive on May 1, 1923 7
FG IS	(Month) (Day) (Y 7 AGE Month (Day) (Y AGE Iday Iday	hrs. The CAUSE OF DEATH * was as follows:
R -X	(a) Trade, profession or particular kind of work	gerre l'aruelymains
N RE DING carefu	business, or establishment in which employed or (employer)	Contributory Secondary
MARGI UNFAI	10 NAME OF Jackerral Proon	(Signed) (Duration) mos. ds. (Signed) M. D. (Max 1 9 1932 (Address) Edg Euroug
1 6	OF FATHER (State or country) 12 MANUAL PROPERTY OF THE PROPER	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
AINLY	OF MOTHER OF MOTHER OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
ITE F	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
WF Every i	(Address) Juffer Hannel	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Bato Co Md March 23, 19 32 20 UNDERTAKER ADDRESS
N. T. P.	Filed Much 2 1932 Les Harry Conde	uson 1. 1. VA al Al adias
F	If more blanks are needed, addre. S State Re	Riserat, 10 M. Saratoka See, Dates, Vodassering 11 St. 11.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary as fracture of skull, and consequences (e. g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Example: Measles (disease Measles;

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RURNAU 7 S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(131)
County Harford, WITHIN CONPORATALIMI	Registration Dist. No. 185
Village or City House de Grace	No. St Ward
Length of residence in city or town where death occurred 4 yes most	f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME William - 8. Burn	sds. How long in U.S. if of foreign birth?yrsmosds.
6 (6 4	
(a) Residence: No. 0 6 Toursam At., (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. H-married; widowed, or divorced	21. DATE OF DEATH 23, 198 (Month) (Day) (Yeer)
(or) WIFE of Katherine Spule Burns.	22. 1 HEREBY CERTIFY. Thet I attended de cased from 1932, to March 1932
6. DATE OF BIRTH (month, day, end year) Marcelull - 1847. 7. AGE Years Months Days If LESS than	I last saw hand alive on the said
7.(1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were es follows:
kind of work done, as SPINNER, Locurative	(Isleria deleran
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1 Chanter
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 110. Oate deceased lest worked at this occupetion (month and spant in this	he fort
year) occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME Yolu Buris.	
13. NAME TO LEE DEFINE . 14. BIRTHPLACE (city or town).	Name of operation Date of
(State or country)	What test confirmed diegnosis?
15. MAIDEN NAME Mary harfarette.	23. If deeth was due to external causes (VIOL ENCE) fill in elso the following:
0 16, BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner et inium
Place Que get Hel Date Mich, 26,1931.	Nature of injury
19. UNOERTAKER Derington Vous	24. Was disease or injury in any way related to occupation of deceased?
m - week here full	If so, specify
20. FILEO Man, 26, 1932 Charles & Felly M. A. Beistrar.	(Signed) M. D. (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
STRULT T G			
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	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN		
<u>,</u>			

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH; Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer gaged in domestic service for wages, as Scrvant, Cook, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy

Statement of Cause of Death—Name, first, the Discass Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) Recommendations on statement of cause of death selanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by roilway troinand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), "Exhaustion, "Debility" ("Congenital," "Scnile," etc.), "Dropsy," (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; "Heart failure," "Haemorrhage, Chronic valvular heart disease; etc. The contributory

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(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more preuse speciments without more preuse speciments. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed definite salary, may be entered as Housewife, House, work, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Sulesman. (b) Grocery. (a) Foreman, (b) Automobile foctory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. or given up on account of the DISEASE CAUSING DEATH nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Campositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthto report specifically the occupations of persons enployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive-a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on Locomotive engineer,

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5

state

STATE OF MARYLAND—CERTIFICATE OF DEATH

A/ WITHIR CONTRACTOR	- C -
County Carford, THE BEPORATE LINE	Registration Dist. No. 185
Village or City W. Flestine,	ND. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
1. +	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sertrude Lucia	
(a) Residence: No. Helseach rud. A	. J.St., Ward.
(Usual plade of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3-SEX 4. COLOR OR RACE 5. SHIGHE WARRIED. WHITHWED.	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Jemile white married,	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced	24. I HEREBY CERTLEY. That I attended deceased from
(or) WIFE of Cerry Carlistes.	1931 to large 29 193~
6. DATE OF BIRTH (month, day, and year) July 14-1905	I last saw h & alive on me with 28 1932 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 6 8 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trada, profession, or particular	wera asyollows:
	Julyan Julyan
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL BANK etc.	
SAN MILL, DAIRN, CO.	
this occupation (month and spant in this	
year) occupation	Dther Coatributory Causes of importanca:
12. BIRTHPLACE (city or town) Trederick Lourly	
(State or country) wayland.	Chaustian
13. NAME Leouard Afthur. 14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town)	Name of operation Date of
(Stata or country) Temmylerum	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Saval Milettins,	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of Injury19
(Stata or country)	Where did injury occur?
17. INFORMANT Heury Catalistes	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Holly are med. (7.2).	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Congress Date Mele. 19/19 17	Nature of injury
19. UNDERTAKER Telumiston of Sou	24. Was diseasa or injury In any way ralated to occupation of deceased?
(Address) Helsmare, rud,	If so, specify
20 FILED Mar. 3/ 1932 Charles Q Foley 22 2	(Signed) TO Walke M. D.
Registrar.	(Address) 74 am & 9 2

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BURZAO V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

KECORD. Every item of infor-AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied.

V. S. No. 1

STATE C	OF MARYLAND—	CERTIFICATE OF DEATH	02850
1. PLACE OF DEATH	411.11111111111111111111111111111111111		190
County Narford		Registration Dist. No	
Village or City Thavee A	e Grace Sto	St., death occurred in a horpital or institution, give its NAME instead of street a	
Length ol rasidence in city or town where			
2. FULL NAME CARA	us Infant	(Stillborn)	
(a) Residence: No.	/	St., Ward.	
	(Usual place of abode)	If nonresident give city or town	The second secon
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATI	1
male white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH March (Month) (Day)	, 198 <u>2</u> (Year)
5a. I1 married, widowad, or divorcad HUSBAND o1		22. I HEREBY CERTIFY, That latten	dod deceased from
(or) WIFE of		may 17 1932, to Mar. 17	
6. DATE OF BIRTH (month, day, and year)	march 17, 1932	I last saw harman alive on	
7. AGE Yaars Months	Days If LESS than	to have occurred on the date stated abova, at 4.4.4.	
	1 day,hrs. ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:	Data of onset
8. Trada, prolession, or particular kind of work done as SPINNER			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Stellborn	
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
10. Date decaased last worked at this occupation (month and	11. Total time (years) spent in this		
year)	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	de Grace	Other Contributory Causes of Importance:	
(State or country) Mari	gland.		
13. NAME John O	Carnes		
13. NAME 14. BIRTHPLACE (city or town)		Name of operation Data	01
(State of Country)	years.	What tast confirmed diagnosis? Was there	
# 15. MAIDEN NAME COLA TH	my aines	23. II death was due to extornal causes (VIOLENCE) fill in also the follo	
16. BIRTHPLACE (city or town) (State or country)	- Uf a 11 B	Accident, suicide, or homicide? Date of injury	, 19
(State of Country)	grand.	Where did injury occur? (Specify city or town, county and	
17. INFORMANT (Addrass)	KALO IN ON IT OF	Specify whether Injury occurred in INDUSTRY, in HOME, er In PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	n. 12	Manner of injury	
Place My Mivate Lot	Date Nov. 18 , 1932	Nature ol injury	
10 HINDERTAKED	aixls:	24. Was disaase or injury in any way ralated to occupation of decaased	no
19. UNDERTAKER Aferteen (Addrass) Aferteen	ml. Q.S.	If so, specify	
20. FILED Mar. 18132-6h	eles & Toler m. S.	(Signad) Charles J. Fole	4 M. D.
LV. HILLOUIS NO. S.	Registrar.	(Address) Slavre de Grac	a med.

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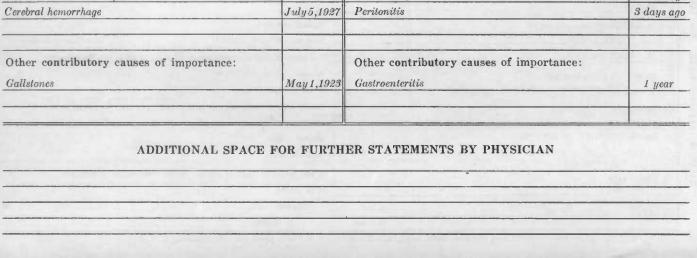
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Other contributory causes of importance:		Other contributory causes of importance:	
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178 02	Registration	Dist. No	185	
No. death occurred in a hospital or institution ds. How long in U.S. if of fe				
akley.			*==========	3
St., Ward.	If nonresident			0
MEDICAL CER	the state of the s			State
21. DATE OF DEATH	1	~	LATTI	
1.1.1000	(Month)	2 f	y)	198.3.2 (Year)
22. I HEREBY (19) 1 last saw h late on late on late on late of the have occurred on the date stated a late of the PRINCIPAL CAUSE OF DEATH:	32, to	2.20 30/1m.	19.3.2	, 19
were as follows:	4	es or mipo	reance	Date of onset
Tronclual	Ines	me	nsa	
Other Contributory Causes of importa	nce:			
Name of operation				
What test confirmed diagnosis?				
23. If death was due to external causes Accident, suicide, or homicide? Where did injury occur? Specify whether injury occurred in IN		Date of inj	ury	, 19
Manner of injury				
24. Was disease or injury in any way 1 If so, specify (Signed)	elated to occup	ation of de	ceased? 1	D

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
and the second			
Other contributory causes of importance:	Consti	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE PLAINLY VITH UNFADING INKTH	CIANS should state CAUSE OF DEATH In plain term
WRITE PLAINLY	CIANS should state CA

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Halford	GERTIFICATE OF DEATH
	Registration Dist. No. 180
Village or City Long Eurora (No.	St.: Ward) (If death occurred I a hospital or institution, give its NAME in stead of street an
2FULL NAME Alefalurus ludir	w that stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. WILLOW OR DIVORCED (Write the word)	16 DATE OF DEATH May 7, 1923 Z (Month) (Day) (Year)
B DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192
7 AGE If LESS than I day	and that death occurred on the date stated above, atm
B OCCUPATION mos. / ds. or min.?	Crital Henrology
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yrsmos/de
9 BIRTHPLACE (State or country) Where level	Contributory Secondary (Defation) Tree mos de
10 NAME OF Buy 4 Colure	(Signed) Men J. 1982 (Address) Elg Evourd M. D.
OF FATHER (State or country) Welling levery	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER average Corry	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Merry Lewel	At place of deathmosds. In the Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
(Informant) Min A Coline	Former or usual residence
(Address) Elgewood	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL BETHEL CECH & Md mach 10. 1937
15 Filed March 9 19432 Fredelborlok	20 UNDERTAKER ADDRESS Howard K Inchema Abragdon
If your hanks are worded address that Registre	

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an whatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH, Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The 6 material Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved Examples: Accidental drowning; Struck by railway train-American Medical Association. "Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as by Committee 200 Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will drevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed



7 te 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor state UPA	1. PLACE OF DEATH	(2883)
6 E 9	County Santordo	Registration Dist. No. 18
Stould of Occ	Village or City Ceberken	No. St. Warr
.=/ 0	(1)	f death occurred in a hospital or institution, give its NAME instead of street and number)
RD. Every YSICIANS statement	111:11:	sds. How long in U.S. if of foreign birth?yrsmosds
tem tem	2. FULL NAME Milliam A Conrad	
RD YS.	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
ECORD PHYS	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A. W.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 9 1932
ING NEN CTI	5a. If married, widowed, or divorced HUSBAND of	(month) (bay) (raas)
	(OT) WIFE OF Victoria Myers	22. I HEREBY CERTIFY, That I attended deceased from
BIND FERMA EXA y class	6. DATE OF BIRTH (month, day, and year)	I last saw h Levalive on June 7, 1932; death is said
FOR B IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7: 20Pm.
FOR IS A state proper	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 70	8 Trade profession or particular	Date of onset
H H of of	kind of work done, as SPINNER, Day Jahren	(arcinona .
	kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Tomach
INK INK E sh t it	10. Date deceased last worked at this occupation (month) and spent in this	
R AG AG ion	12. BIRTHPLACE (city or town) Bush Bine neck	Other Contributory Causes of importance:
GIN FADI ied. ns, so	(State or country) Harford Co. Md	
NF NF plic plic inst	13. NAME Centon Conrad	(achesaa
o tad	f4. BIRTHPLACE (city or town)	Name of operation Date of
(II)	(State of country) / winding	What test confirmed diagnosis? Was there an autopsy?
wirfly in pla ant.	15. MAIDEN NAME Elizabeth Andrewas	23. If death was dua to external causes (VIDL ENCE) fill in also the following:
INLY, Wbe carefu EATH in important	16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury, 19
MA Se Na	(State or country)	Where did injury occur? (Specify city or town, county and State)
very in	17. INFORMANT MAS: Clara Meller (Address) Glicelien mid	Spacify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
is y	18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
	Place Bakers. Currely Date March 12, 1932	Natura of injury
-WRI matio CAUS	19. UNDERTAKER Senry Janing & Sons	24. Was diseasa or injury in any way ralated to occupation of decaased?
No.	(Address) Schudus mod	If so, specify
, in	20. FILED MICH 12, 19 to 2 Collection	(Signed) Charles of the M. C.
P PH	Registrar.	(Address) formerfy de Drack his

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNAN V.B			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	W 1 1000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1 PLACE OF DEATH County Hayford	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 8 0
Village or City Churchully (No	St: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Marvied OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH march 25 1977	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw has alive on Mar 24, 187
7 AGE Social Pation Socia	and that death occurred on the date stated above, at
9 BIRTHPLACE (State or country) Mayrand	Contributory Secondary Duration Duration The second sec
10 NAME OF Abrilian learn	(Signed) Wellard J. Hudern M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 12 MAIDEN NAME MALKA Black 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Thornas Fisher	Where was disease contracted, if not at place of death?
(Address) BEL Avi. Ind -2	Asbury Cometer March 30, 1932
Filed March 29 1982 Firedeller lok Local Registrar	Howard Kinelowa Abrigdon
If more branks are needed, address State Registra	r, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); Measles; can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(secondary or intercurrent) affection need Whooping (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, cough; 'Congenital," "Senile," etc.), "Dropsy,
" "Heart failure," "Haemorrhage, Chronic Example: Measles (disease etc. The valvular heart disease; contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. classifie (If death occurred in St : Ward) a hospital or institu-Village or City EXACT tion, give its NAME in ficate stead of street and number.) **2FULL NAME** proport of certif PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 4 COLOR OR RACE 16 DATE OF DEATH 3 SEX MARRIED. WIDOWED. OR DIVORCED (Write the word) (Month)(Day)... pino ay BINDI I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH at (Day) (Year) (Month) and that death occurred on the date stated above, at IlfLESS than POF 7 AGE The CAUSE OF DEATH * was as follows: I day hrs. RESERVED 8 OCCUPATION 10 (a) Trade, profession or 200 particular kind of work carefully (b) General nature of industry P business, or establishment in (Duration)mos...... which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) EA. (Duration) 10 NAME OF OD FATHER shot E C .192 Z-(Address) 11 BIRTHPLACE deaths from *State the Discase Causing Death, or, in OF FATHER NOL Z Violent Causes, state (1) Means of Injury and (2) Whether no (State or country) Accidental, Suicidal or Homleidal. 12 MAIDEN NAME Informati 0: O Hospitals, Institutions, Trans-18 LINGTH OF RESIDENCE (For 4 ients or Recent Rasidents) 00. 1 3 13 BIRTHPLACE In the At place Ö OF MOTHER State yrs mos. OW (State or Country) Where was disease contracted, of 0 if not at place of dea h? shoul ent of 14 THE ABOVE IS TRUE Former or usual residence .. 1te (Informant) DATE OF BURIAL BURIAL OR REMOVAL Every It CIANS stateme (Address) ADDRESS 20 UNDERTAKER Registra If more banks are needed, addre.s ttate Negistrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

62886

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more procise specimearing laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia,")

> (Recommendations on statement of cause of death "Debility" ("Congenital," "Senilc," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," st_ted unless important. inges, peritonaeum, etc., Careinoma, Sareoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uracmia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be st-ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably swicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Chronic etc. The contributory valvular heart disease; Nomenclature of the

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8

OCCUPA-

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 12884
1. PLACE OF DEATH	(75)
County Harfurd	Registration Dist. No.
Village or City Wully	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsm	osds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Am archer Wrift	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (gerite the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Saura Duff	22. I HEREBY CERTIFY, That I attanded decaased from
07 10 18 1870	
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date-stated above, at
/ A / / I day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profassion, or particular	ware es follows: Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc	Found blad it.
9 Industry or business In which	Rollh Kinglet, Eggess
work wes done, es SILK MILL, SAW MILL, BANK, etc	New Jose on Route Sol
O ID. Date deceased last worked at this occupetion (month and spant in this	my redist
year) occupation	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town)	over oorl of some Kind
(State or country)	- 1) alchohald
13. NAME If m Duff	
13. NAME AM ROUGH	Nema of operation
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Emma Cantle 16. BIRTHPLACE (city or town) (State or country)	23. If daath was due to externel causes (VIDLENCE) fill In elso the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
E (Steta or country)	Where did injury occur?
17. INFORMANT Mrs. Get anderson (Addrass) Strut mid	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
Place Dublin um Date March 8, 193	Nature of injury
10 Bailen.	24. Was disease or injury in any way related to occupation of decaased?
19. UNDERTAKER (Addrass) Handel Davilington	If so, specify
ma I me m kind	(Signad) Philiauvis Delfe Coronor M.
20. FILED May 6, 19 TV TV	(Address) Dallington Ild.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRATTE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, er," etc., without more precise specification as Day whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womyrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Heart failure, macmormage, "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY (secondary as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Atrophy." "Collapse, Never report mere symptoms or terminal condiby Committee on Nomenclature of the or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease " "Coma," "Convulsions, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (12889)
1. PLACE OF DEATH	93-20
County Harford	Registration Dist, No. / 6/
Village or City H verdeen	NoSt.,Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME William arthur (Sdrider
(a) Residence: No. Ober deen.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (wpie the word)	21. DATE OF DEATH Max 8 1932
5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of (1/4) Elle To Elda de	22. HEREBY CERTIFY, That I attended deceased from
wys) sun gruntage	71 10, 1932, to mar 8, 1932
6. DATE OF BIRTH (month, day, and year) 124 26 / 7 / 8 7 AGE Years Months Days If LESS than	I last saw h
1 day,hrs.	to have occurred on the data stated above, at
8 Trade profession or particular	wera as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. The arm a cist SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the spent in this company).	levele Myocarditis 3 day,
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	International Claude
this occupation (month and spent in this 12 occupation 12	cation
12. BIRTHPLACE (city or town) alan	Other Contributory Canses of importance:
(Stata or country)	(wideae Failur
13. NAME W m Eldridge	
13. NAME WE Eldridge 14. BIRTHPLACE (city or town)	Name of operation Data of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Harring h Bhefshard 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
n. Ell- V 881 . but	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Addrass) Werder MA	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Worderd Cunter West	Nature of injury
19. UNDERTAKER BERRY Taying Long.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Chiefen W.	If so, specify takes
20. FICEONER 10, 19.37 Commencer	(Signed)
Kegisirat.	(Audicos)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
	11		
	9.		
Other contributory causes of importance.	- June 1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH

ehould be

UNFADING INK--THIS MARGIN RESERVED

N. B.--Every Item of Information CIANS should state CAUS

STATE OF MARYLAND CERTIFICATE OF DEATH

The state of the s	70 11	11/1		Registration Dist. No. / 0 2
-	BelAIN	rgaret Ec	Seaso	St.: Ward) (If death occurred in a hospital or institu- tion, give Its NAME It- stead of street and number.)
PERSON	NAL AND STATIST	ICAL PARTICULA	RS	MEDICAL CERTIFICATE OF DEATH
Jumale	4 COLOR OR RACE	SSINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	40	16 DATE OF DEATH Mar 22, 1932 (Month) (Day) (Year)
6 DATE OF BIR	TH Ja (Month	Ne 4 ,	1903 (Year)	17 I HEREBY CERTIFY, That I attended the decessed from March 14 1922 to March 22 1922 that I last saw has alive on March 22 1922
7 AGE	28 yrs. 1		LESS than lay hrs. min.?	and that death occurred on the date stated above, at 12 Am. The CAUSE OF DEATH * was as follows:
(b) General name of the business, or expenses, or expense	F WM HA	Share		(Duration) yrs. mos. 8 ds. Contributory Secondary (Duration) ts. mos. ds. (Signed) M.D. MAL 22 1923 2 (Address) Sellar Mac.
OF FATH	country) Md			*State the l'iscase Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTH 13 BIRTHPL OF MOTH (State or	ACE LER COUNTRY) S TRUE TO THE BES	d	S E	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residenta) At place In the of death yrs. mos. ds. State yrs inos. ds. Where was disease contracted, if not at place of death? Former or usual residence
(Addr	Cess) Bes A 1, 33 1939, U.	ir, Md E. Chambers	gistrar	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PERSONS Gorheyville Md Mar 24, 1932 20 UNDERTAKER ADDRESS READ MO

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material additional line is provided for the latter statement; it should be used only when needed. As examples: (a) whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more precise specification as Day loborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Physician, Compositor, Architect, Statement of Occupation-Precise statement of oc-For many occupations a single word or term on yrs). For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., scpeis, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Come," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Hemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease approved by Committee on corbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping cough; Chronic unqualified, is indefinite); Tuberculosis of lungs, menperilanaeum, etc., Corcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid valvular heart disease etc. The Nomenclature contributory

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BINDING

FOR

MARGIN RESERVED

V. S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND
	County Har ford	CERTIFICATE OF DEATH
		Registration Dist. No. 182
1	Village or City near 19el and	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
	2FULL NAME ROBERT dero	y Totolou stend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	male White Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) Wa (Day) (2 0 1831)
	Mar - 9, 1932 (Month) (Day) (Year)	To sel declased Mar. 22-32 and Lound him dead. Care ful luquiry and lex-
	7 AGE If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	accidentally in bei
1	business, or establishment in which employed or (employer)	Death J. A.M (Duration) yis man da.
	9 BIRTHPLACE (State or country) Mary land	Contributory Secondary Duration de.
	10 NAME OF AWARD Paca Tordon	(Signed) 1. T. Vac that A. D. Nar. 221932 (Address) Tolar tol
	OF FATHER (State or country) Mary Cared 12 MAIDEN NAME OF TO DO DO DO	*State the Discase Causing Death, or, in deaths from Violent Causas, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal.
	of Mother Unla Sear Carlyle	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country) Maryland.	At place of death yrs mos. ds. In the State yrs mos. ds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Edward P Gardon	usual residence
	(Address) Fallston, R.D., Ud,	Mar. 22. 1932
)	Filed Mar 22 1932 V. E. Chambers Registras	Edward Planar
	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health. state occupation at begin in g cfillness. If rethed from husiness, that fact may be indicated thus; Former rehousehold only (not paid Househee, ers who receive a worked on may form part of the second statement. Never return" Laborer," "Foreman," "Nanager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples : (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Grot. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housewhatever, write None. or given up on account of the DITA E CAUSING DESTRIto report Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Farm laborer, Laborer-Cock mine, etc. without more precise specification as Day specifically the occupations of persons en-(b) Automobile factory. The material For persons who have no occupation Locomotive engineer, (b) Wom-

Statement of Cause of Death—Name, first, the first base causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,";

inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of tions, such as "Asthenia," "Anaemia" (merely symptomcausing stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by as fracture of skull, and consequences (e. g., sepsis, helanus) may be stated under the head of "contributory". accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Exhaustion, "Debility" (secondary Whooping carbolic acid-probably suicide. The n-ture of the injury State cause for which surgical operation was American Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), FOR VIOLENT DEATHS State MEANS OF INJURY cough; ("Congenital," "Senile," etc.), "Dropsy," on," "Heart failure," "Haemorrhage," or intercurrent) affection need Committee on Chronic valvular heart disease, Example: Measles (disease etc. The contributory Nomenclature not under-

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S. No. 1.

of

State

shou

Every I

00

OF MOTHER

(State or country)

Registrar

BEST OF MY KNOWLEDGE

19 PLACE OF BURIAL OR REMOVAL

Where was disease contracted, if not at place of death?.....

Former or usual residence...

Inthe

State......yrs......mos......da

DATE OF BURUAL

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Furmer or Plantor, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing pratti Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons on work, or At Home, and children, not gainfully em-(a) Foreman, (b) Automobile factory. The material fired 6 yrs.). For persons who have no occupation whatever, write None, Statement of Occupation-Precise statement of oc-For many occupations a single word or term on -Coal mine, etc. Womtherefore an

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

ment of cause of death approved by Committee on head of "contributory." Nomenclature of the American Medical Association.) quences (e. g., sepsis, tetanus) may be stated under the use of "Tumor" for malignant neoplasms); Measles; unges, peritonucum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menrhage." "Inanition." "Marasmus," "Old Age." "Shock," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or "Puerperal septicuemia," "Puerperal poritovitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," "Debility" ("Congenital," "Senile," etc.), (secondary or intercurrent) affection need not be Whooping cough;(name origin; "Cancer" is less definite; avoid Poisoned by carbolic acid-probably suicide. Examples: Accidental drowning; State cause for which surgical operation was under For VIOLENT DEATHS STATE MEANS OF INJURY Chronic valvular heart (Recommendations on state-Example: Mcastes Struck by railway "Соша," "Сопdisease; (second-(dlsease The na-(merely

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PHYSI-	PLACE OF DEATH County Harford	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. /82
ECORD EXACTL rly classifil	Village or City Hess Control Ha	St.: Ward) (If death occurred is a hospital or institution, give its NAME in stead of street and number.)
T REC	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
BINDING PERMAN E should be at it may be ns on back on	3 SEX 4 COLOR OR RACE B SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) COLOR OR RACE MARRIED, WIDOW OR DIVORCED (Write the word) COLOR OR RACE MARRIED, WIDOW OR DIVORCED (Write the word) COLOR OR DIVORCED (Write the wo	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from the last saw h. La alive on March 18. 193.2.
ERVED FOR KTHIS IS A supplied. AC in terms so th	7 AGE If LESS than I day hrs. OCCUPATION (a) Trade, profession or particular kind of work	and that death occurred on the date stated above, at 6 4 m The CAUSE OF DEATH * was as follows: Clicare Myrea detas
MARGIN RESE ITH UNFADING IN on should be carefully USE OF DEATH in pla ON is very important.	(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	Contributory Thys Canadas Secondary (Duration) West Three de Contributory Thys Canadas (Signed) M. D. M.
ITE PEANLY, tem of Information should state CATIG	12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Countil) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant)	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
W. BEvery It	(Address) Heroborner M. 15 Filed March 21 1932, V. E. Chambers Registrar	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS Phoney Marria 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Screant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement.
Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemuid, etc. to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Physician, Compositor, Architect, Foreman, For many occupations a single word or term on or At Home, yrs). Farm laborer, (b) Cotton mill; (a) Salesman. (b) Grocery, man, (b) Automobile factory. The material without more precise specification as Doy For persons who have no occupation If the occupation has been changed and children, Laborer--Caal mine, etc. Locomotive not gainfully emcngineer, Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('crebrospinul fever (the only definite synonym is 'Epidemic cerebrospinal meningitis''); Diphilheria avoid use of 'Croup''); Typhoid fever (never report 'Typhoid Pneumonia''); Lobar pneumonia, Bronchopneumonia ('Pneumonia,''



stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart fauure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: A ccidentol drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, illity" ("Congenital," "Senile," etc.), "Dropsy, perilonaeum, etc., Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY interstitial nephritis, (name origin; "Cancer" is less definite; avoid cough; Committee Chronic Carcinoma, Sarcoma, etc., of on valvular heart ctc. Nomenclature The contributory discase;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1 B

should state of OCCUPA.

STATE OF MAR	YLAND-CERT	IFICATE	OF DEATH
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U	4	10,	3	T

1. PLACE OF DEATH		(82-4.)	
County Harford	- WITHIN CORPORATT	Registration Dist.	vo. 185
Village or City Have	de Green, Ol	No. death occurred in a hospital or institution, give its NAME instea	St., Ward
Length of residence in city or town where		ds. How long in U.S. if of foreign birth?	
2. FULL NAME W. Fr.	auf Hamilt	bu.	
(a) Residence: No.	(Usual place of abode)	St., Ward.	y or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	Day) , 193 3 4 (Yeer)
5a. If married, widewed, or diversed HUSBAND of (or) WIFE of PREPLATED	Hamilton	1 HEREBY CERTIFY, Th	at I ettended deceased from
6. DATE OF BIRTH (month, day, and year)	carf 11 - 1859	i last saw have elive on men &	, 19.3.7.2; death is said
7. AGE Yaars Months	Days if LESS than I day,hrs.	to have occurred on the dete stated above, atn The PRINCIPAL CAUSE OF DEATM and related causes of in	
16	20 ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Listerman	July Menyson	
kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc		Kempleghia	
10. Date deceased last worked et this occupation (month end year)	II. Total time (yeers) spent in this occupation	J	
12. BIRTHPLACE (city or town) Morely (State or country)	fast feich	Other Contributory Causes of importance:	
13. NAME/ Celiane	, Damieton		
13. NAME (City or town).	eil lo	Nama of operation	Date of
(Stete of country)	yland.	What test confirmed diagnosis?	Was there an autopsy?
15. MAIDEN NAME VILLE 16. BIRTHPLACE (city or town)	from.	23. If death was dua to external causas (VIOLENCE) fill In els Accident, suicide, or homicide?	
17. INFORMANT MAS . H	accepton,	Whera did injury occur? (Specify city or town, Specify whether injury occurred in INDUSTRY, in HOME, or	county and State) in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL Plece augel Hill	Dete Melu. 1/19 32	Manner of Injury	
19. UNDERTAKER Permit	Jon Hou	24. Wes diseasa or injury in any way related to occupation of	deceased? MU
20. FILED Mar. 10, 1932 Chas	J. Toley, Mr. S.	(Signed) (Address)	M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis, S 6 1399	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PURTAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	URTHER STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH
County Harford



STATE OF MARYLAND CERTIFICATE OF DEATH

md

	Registration Dist. No. / 10
Village or City EmmerTon (No. 2 No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single. Married Wilowed. Male White OR DIVORCED (Write the word)	16 DATE OF DEATH Mar. 28 , 1972
September 5th, 1867 (Month) (Day) (Year) 7 AGE If LESS than I dayhrs.	The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	and death occurred at about P. M. instant death.
which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE	Contributory Secondary (Duration) (Duration) (Signed) (Signed) (Signed) (Signed) (Signed) (A) (A) (A) (A) (B) (B) (B) (B
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 COUNTRY 15 BIRTHPLACE OF MOTHER (State or Country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs mos ds. Where was disease contracted,
(Informant) William Harrland (Address) Bel air Rid 2 Mid	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL St. framces critical morel 30, 1930. 20 UNDERTAKER ADDRESS
Filed march 29 1982 tred Mortak	Horard Kinclama Almadon

If more bianks are needed, address ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emsary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. whatever, write None. rner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephrilis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, taken. FOR VIOLENT DEATHS State MEANS OF INJURY Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train— American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. INT REGORD WITH UNFADING INK--THIS IS A PERMA WRITE PLAINLY

MARGIN RESERVED FOR BINDING

PLACE OF DEATH	62896 STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH
20 .0 mg	Registration Dist, No. 18
Village or City Aylonelle (No.7	St: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME Troyanth Thoris	Heahs stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 6
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw held alive on was 6, 1962.
7 AGE If LESS than I dayhrs. ormin.?	and that death occurred on the date stated above, at 4:30 am, The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) (Duration) yrs. mos. 3 ds. (Signed) (Duration) yrs. mos. ds. (Signed) (Duration) yrs. mos. ds. (Signed) (Duration) yrs. mos. ds. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Translients or Recent Residents) At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, it not at place of death?
(Informant) Ta John (Address) By Los Miles 224	Former or Usual residence
Registra	r, 16 W. Saratoga St., Balto., Lequesting V. S. Ive. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quoscupation is very important, so that the relative health-Spinner, (b) Collon mill; additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, should be used only when needed. As examples: (a) sary to know whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons en-," etc., especially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (a) Salesman, (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

(secondary or intercurrent) affection need not be strated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. American Medical Association.) telanus) may be stated under the head of "contributory." FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. The contributory valvular heart Always qualify all disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH

STATE OF MARYLAND

County 120	CERTIFICATE OF DEATH Registration Dist. No. 182
Village or City & allston (No. 2FULL NAME Many E,	St.: Ward) (If death occurred i a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Famale White Single, Married, Widowed Or Divorced (Write the word)	16 DATE OF DEATH Nar. 10 , 1932 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h 22 alive on Man 97 1972
7 AGE 46 yrs. 2 mos. 26 ds. or min.?	
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos. 2 ds
(State or country) 10 NAME OF FATHER RICHARD Blabelay 11 BIRTHPLACE	(Signed) A. T. (Duration) . The M. D. (War 10 1930 (Address) L. Bellein, led
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MANY D. Tovel	*State the Disease Causing Death, or, in deaths from Violent Calrses, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Same N. Hitchcock	if not at place of dea.h? Former or usual residence.
(Address) Fallston Ind.	TORM . C. DATE OF BURIAL DATE OF BURIAL ADDRESS ADDRESS
Filed March 10 1932 V. E. Chambers Registrar	Clarence E. Cathur Fah Wod.

If more blanks are needed, address State Registrar, 16 W. Saratega St., Balto., Requesting V. S. No. 1.

WITH UNFADING INK--THIS IS CAUSE OF DEATH in plain terms so information Every it V. S. No. 1

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PERMA.

BINDI

MARGIN RESERVED FOR

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook.
Housewaid, etc. If the occupation has been changed definite salary, may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e.g., Former or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive-a laborer, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laboreryrs). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many -Coal mine, etc. Locomotive engineer, Wom-

1937

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Strtement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

opr as probably such, if impossible to determine definitely Examples: Accidental drowning; Struck by railway train raccident; Revolver wound of head-homicide; Poisoned by American Medical Association.) tetanus) may be stated under the head of "contributory." approved Recommendations on statement of cause of death stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid—probably suicide. The nature of the injury "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, as fracture of skull, "Atrophy," "Collapse," "Come," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; 'Congenital," "Senile," etc.), "Dropsy,"
," "Heart failure," "Haemorrhage," Chronic valendar heart disease; and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

state

pluods

OCCUPA-

1. PLACE O

2. FULL NA (a) Resider

5a. If married, widov HUSBAND of (or) WIFE of

6. DATE OF BIRTH

(State or country)

(Address)

18. BURIAL, CREMATION,

19. UNDERTAKER

20, FILED A

7. AGE

item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 62895
PLACE OF DEATH	108
County Varfaro WITHIN WORDRATO LIM	Registration Dist. No. 185
Village or City Laure de Grace	Mo. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Ods. How long in U.S. if of foreign birth?yrsmosds.
FULL NAME James Lee Hopk.	ms M.D.
(a) Residence No. 451 Commerce	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ale white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May. 28, 199 2 (Month) (Day) (Year)
married, widowed, or divorced HUSBAND of (or) WIFE of arah & Wolklins	22. I HEREBY CERTLEY, That I attended deposed from
ATE OF BIRTH (month, day, and year) Dec. 18 1873	I last saw harm alive on 19 28, 1932; death is said
Years Months Days If LESS than 1 dey	to heve occurred on the date steted above, at 7m.
38 3 10 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, Medical Voctor SAWYER, BDDKKEEPER, etc.	Late or ones
Industry or business in which	

OCCUPATION 9. Industry or SAW MILL, BANK, etc. 11. Total time (years)
spent in this Date deceased last worked at this occupation (month and occupation ... Other Contributory Causes of Importance 12. BIRTHPLACE (city or town (State or country) FATHER 14. BIRTHPLACE (city or town) Name of operation (State or country) What test confirmed diagnosis? MOTHER 15. MAIDEN NAME If death was due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city of town)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Where did injury occur?.

Manner of injury

Nature of injury.

If so, specify (Signed) (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE

24. Was disease or injury in eny way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
12012487.2.1				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.

			62899
HYSI- Exact	PLACE OF DEATH	STATE C	F MARYLAND
E X	County Harland	CEDTIFIC	ATE OF DEATH
# 5 E			tion Dist. No. 1821
EXACTLY, P	Village or City Jarest Will (No	lfery St.: W	(If death occurred a hospital or insti- tion, give its NAME: stead of street a number.)
r RE ated oper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICA	TE OF DEATH
d be st y be pr ack of	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month)	2 /2 , 19 32 (Year)(Day) (Year).
BINDII PERMA E chould at it may ns on ba	6 DATE OF BIRTH	Tel 15 1932 to	
R A Dito	(Day) (Year)	that I last saw be alive on	,50
T I O	7 AGE If LESS tha		
RVED <this 6899="" in="" instru<="" supplied="" td="" terms=""><td>75 yrs. 8 mos. 2 ds. or min.</td><td></td><td></td></this>	75 yrs. 8 mos. 2 ds. or min.		
TT nupp ter ee i	8 OCCUPATION (a) Trade, profession or	Cerebral Sem	onlige
111	particular kind of work Jones deles		<u> </u>
m 20c	(b) General nature of industry business, or establishment in	(Duration)	yre mos 250
RGIN RENEADING The Careful DEATH in y important	which employed or (employer) BIRTHPLACE (State or country)	Contributory Heposlobe	Preumonia
UNE/ Und be	10 NAME OF O	Burstion)	yrsmos,
	FATHER Ollejanska Grafton	(Signed)	Duason M.
WITH on short	OF FATHER Z (State or country)	*State the Usease Causing D Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	eath, er, in deaths from
TOF	12 MAIDEN NAME DOS RY		
Low E	of Mother May 6. Oucher	18 LENGTH OF RESIDENCE (For Fights or Recent Residents)	lospitais, institutions, ira
7 600	13 BIRTHPLACE OF MOTHER And	At place of deathyrsds.	n the Stateyrsmos
4 4 30	(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?	
四一三	PP CA !!	Former or	
WRITE y Item NS sho	(Informant) Tolias 6. Jeffly	usual residence	DATE OF BURIAL
WR. Every It CIANS	(Address) Jorest Hell the	Centre ME.	Mar 15 . 193
T	Filed Mar. 14 1932 V. E Chambers Registras	Dean & Josh D.	Belan med
_ Z	If more banks are needed, addre a State Registr.	ar. 16 W. Saratoga St., Balto., Requesting	V. S. No. 1.

V. S. No. 1

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write Nonc. business. that fact may be indicated thus; Former from gaged in domestic service for wages, as Servant, Cook er," etc., without more precise specification as Loy loborer, Form loborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foremon, (b) Automobile factory. The material should be used only when necded. As examples: (o) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a nature of the husiness or industry, and therefore an Civil engineer, Stotionary fireman, etc. But in many Physician, Compositor, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs. For persons who have no occupation Architect, Locomotive engineer,

spinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebros pindle to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Strtement of Cause of Death-Name, first, the Dis pneumonia, Bronchopneumonia ("Pneumonia,

> State Back реги B

nently filed.

ans

American Medical Association.) approved by Committee on Nomenclature State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL perilonitis," etc. telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dröpsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. Examples: Accidental drowning; Struck by roilway troinand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Uraemia," "Weakness," etc., when a definite disease atic), tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary If this certificate is looked over thoroughly and all questions asserted in detail, it will prevent further correspondence. All the attails essential and must be obtained before the certificate is "Atrophy," "Collapse," "Coma," "Convulsions, peritonoeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be Chronic volvulor heart disease; Corcinoma, Sorcoma, The nature of the injury, etc. The contributory etc., of

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Harrord.	CERTIFICATE OF DEATH
	Registration Dist. No. 84
Village or City (No	St.: Ward) St.: Ward) A hospitul or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single	16 DATE OF DEATH March 4 , 1932 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
· (m) 28 1869	March 2 197 3 2 to March 3 , 1973
(Month) (Day) (Year)	that I last saw h invalive on March 3 , 197 3.
7 AGE [If LESS than	and that death occurred on the date stated above, at 10.00 Pr
13 / day hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos, G ds. or min.?	Paraplegies Canal by
Description of work Laforer	2 Ang fartificación
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrs,d
9 BIRTHPLACE	Contributory
(State or country) Hartord Co	(Duration) / mos de
10 NAME OF	11 3 4 11
FATHER William Jones	2.
0) 11 BIRTHPLACE OF FATHER	March 7 19/32 (Address) Candiff Mid
Z (State or country)	*State the Disease Causing Death, of, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Y OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
D. Al.	Former or
(Informant Fillian Jones	usual residence
(Address) 8 W. 25 St Bollom	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May 7, 193
Filed Mar. 7. 1932 VS. J. S. M. Hall. Registrar	Huter P Harking Delta, 12
If more blanks are needed, address State Registras	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The to know (a) the kind of work and also (b) the For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (6) material Grocery;

Statement of Cause of Death—Name, first, the pisses causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaenia" (merely symptomapproved by Committee on letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify "Uraemia," "Weakness," etc., when a definite deas causing death), 29 ds.; L. stated unless important (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Chronic Example: Measles (disease :hopneumonia (secondary) affection need etc. The contributory valvular heart disease; Nomenclature Measles; not be

If this certificate is looked over thoroughly and a'l questions an overed in detail, it will prevent further correspondence. All the arms is essential and must be obtained before the certificate is examinently filed.

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Registra

if more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No				
Dourd	St.:	Ward)	a hospital	occurred in er institu- its NAME in- street and
MEDICA	L CERTIF	ICATE O	F DEATH	
16 DATE OF DEATH	Mch.	4		19232
1 HEREBY		That I atte	-(Day) nded the d	(Year)
Jace. 1	1923/	to 1110	14	19252
that I last saw h. M.	alive on	me	4	1923
and that death occure	d on the di	ite stated a	bove, at	2 P. m.
The CAUSE OF DEATH	H * was as	follows:		
-70-11-				·
Inific	alle	us	***************************************	
	(Du	ration) 3	yre	mos ds.
Contributory			••••••	
	(D)	ration)	yrs	mosds
(Signed) The	gall	un		
3-3- 1923	(Address)	Mar	lu	glow.
*State the Dis Violent Causes, sta Accidental, Suicidal o	te (1) Me T Homicidal.	ng Death, ans of Inj	or, in or ury and (aths from 2) whether
18 LENGTH OF RES		or Hospita	als, Institu	tions, Trans
ients or Recent Res	idents)	In the		
of deathyrsmo		State	yrs	ds
Where was disease control if not at place of death	rcted,	448440000000000000000000000000000000000	*****	
Former or usual residence	• •••••••••••••••••••••••••••••••••••••			
19 PLACE OF BURIAL	OR REMOV	AL Me	DATE OF	BURIAL
Hock H	in as	~///	arch	1. 19 3%
20 UNDERTAKER	0	100-1.	ADDRESS	ha
MY DU / PUT	1 / 0	20/11/12	2017	11/4 /

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) the first line will be sufficient, e. g.. Farmer or Planter, fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Solesman. additional line is provided for the latter statement; it sary to know cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer inc or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, laborer, worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of Foremon, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile foctory. The material (a) the kind of work and also (b) the If the occupation has been changed 6 Grocery;

fever (the only definite synonym is "Epidemic cerebro" spinal meningitis"); Diphtheria (avoid use of "Croup "uphoid fever (never report "Typhoid Pneumonia") ed term for the same disease. Examples: Cercbrospinal to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respec) Statement of Cause of Death-Name, first, the Dis pneumonia. Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death American Medical Association.) telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage,") stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head -homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitiol nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, menas, fracture (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary) "" "Weakness," etc., when a definite disease cough; or intercurrent) affection need of skull, and consequences (e. g., sepsis, Chronic valendar heart disease; etc. The contributory not etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate in expermanently filed.

BINDIN RESERVED MARGIN

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an whatever, write None. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been clanged Foreman, For many occupations a single word or term on yrs). Compositor, Architect, For persons who have no occupation 6 Automobile factory. The material Salesman, Locomotive engineer, But in many (6) Grocery;

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> telunus) may be stated under the head of "contributory." "(E:haustion," "Heart fauure, "Old Age," "Shock," "Tranition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Ilaemorrhage, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse, tions, such as "Asthenia," "Anaemia" (mcrely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainfracture of skull, and consequences (e. g., sepsis, resulting from childbirth or miscarriage Chronic"," "Coma," "Convulsions," etc. The contributory valvular heart disease;

ans gered in detail, it will prevent further correspondence. permanently filed data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions

IANE	ACT	ssified	
N. B.—WRITE PLAINES, WITH UNFADING INK—THIS IS A PERMANEN	ted EX	operly cla	TION is very important. See instructions on back of certificate.
SI SI	be st	be pr	of cer
K-TH	plnod	may	back
NG IN	AGE S	that it	ions on
NFADI	plied.	erms, se	instructi
ин п	illy sup	plain te	. See
≥ G	rarefu	Til in	portant
PLAIN	ould be	F DEA	ery im
RITE I	on sho	SE O	N is V
8.—WF	mat	CAL	TIO
Z	1		1

V. S. No. 1

STATE OF	MARYLAND-CERTIFICATE (OF DEATH

1.	60	6.	1 1	P	
0	4	()	U	1)	

1. PLACE OF DEATH	82-0)
County Harford,	Registration Dist. No. 185
Village, or City Hours de Grace	NDSt.,Ward
Length of residence in city or town where death occurred 9 vrs.	(If death occurred in a horpital or institution, give its NAME instead of street and number)
2	mos. J. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Margaret 6,	hander,
(a) Residence: No. 6/0 Sougress	twe. st., Ward.
(Ugaal place of abode	
PERSONAL AND STATISTICAL PARTICULA 3. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED. W	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WORDIVORCED (write)	
Temale while sing	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	Mar 3, 1932, to mare 4 1932
6. DATE OF BIRTH (month, day, and year) Ohriel 25-	9 5 2 I last saw h. Z. alive on
A Total	ESS than to have occurred on the date stated above, at//
	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	
Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	the state of the s
work was done, as SILK MILL, SAW MILL, BANK, etc.	Carelina Il Vemantian
2 Shall fill fill?	5)
year) occupation _	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Tare de Trace	_1
(State or country) Rearry (and	Cardias fasture.
13. NAME Merry Carlo Laurd 14. BIRTHPLACE (city or town) Place Sea	er,
14. BIRTHPLACE (city or town) derede yea	(Q). Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Near Deferer	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Marylan	Where did injury occur?
17. INFORMANT Mrs. M. N. Haw (Address) Lave de Johnson, 2	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place augel Hell Date Melv.	Nature of injury
a · · · · · · · · · · · · · · · · · · ·	
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
on Of 1 of 1	(Signed) (Signed) There of the M.D.
20. FILED Mar. 5, 1932 Charles Toley	Registrar. (Address) Attacker and American
	(110 disco)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related caus of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	. 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1928	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

OCCUPA-

STATE O	F MARYLAND-	CERTIFICATE OF DEATH 62904
1. PLACE OF DEATH		40
County Harford		Registration Dist. No. 18
Village or City Our	fly	No. St. Ward
Length of rasidenca In city of town where de		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No.		St. Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
Male Ophite	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 26, 1932 (Month) (Oay) (Year)
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of JRANCLEY	1. Singleton	1 HEREBY CERTIFY, That I attended deceased from 27, 1931, to March 23, 1932
6. DATE OF BIRTH (month, day, and year)	Jarch 14.1881	I last say hain alive on Marsh 23, 1922; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated abova, at #_ am.
60 10	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	arhenter	- arlinama of Stonesh. Oate of onset
Month work was dona, as SILK MILL,		
SAW MILL, BANK, etc.		
O local decaased last worked at this occupation (month and year)	11. Total tima (years) spent in this occupation	
12. BIRTHPLACE (city or town) 19 M	blis	Other Coutributory Causes of importance:
(State or country)	22/	
13. NAME 3 11. NAME 14. BIRTHRACE (city or town) 2.	acc	
2 14. BIRTHPACE (city or town) 1920	ellin	Name of operation Oata of
(State or country)	ma	What test confirmed diagnosis? Was there an autopsy? No.
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Dough	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town))/	Accident, sulcide, or homicide? Oate of Injury, 19
Stata or country)	nd	Where did injury occur?
17. INFORMANT NOV (Address)	dittle	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Dowling Com-	Date Mars 38, 1932	Manner of injury
19. UNDERTAKER # Ba	ilig md	24. Was disease or Injury in any way related to occupation of deceased? No
20. FILEO Mcle 78, 19 3 7	M W Timber Registrar.	(Signed) A Cardiff Mid M. O.
If more be	lanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

65001

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis APR '7 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURNAU V.S.	6.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYL CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Village or City Ward) a hospital or institution, give its NAME in-²FULL NAME number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH WIDOWED back OR DIVORCED may (Write the word) (Month) (Day) BIND I HEREBY CERTIFY, That I attended the decemed from 6 DATE OF BIRTH (Day) (Year) (Month) FO If LESS than 7 AGE and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: I day hrs. INK--THIS ESERVED or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in UNFADING(Duration)yra..... 2 which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed). FATHER mar 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, er, in Violent Causes, state (1) Means of Injury and (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place of death _____yrs.______ds. In the OF MOTHER (State or country Where was disease contracted, if not at place of dea.h?. Every item CIANS sho statement Former or usual residence DATE OF BURIAL ADDRESS Filed Mar. **8**2 If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Doy loborer, Form loborer, Laborer-Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foruman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enen at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISLEA: NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

64

as fracture of skull, and consequences (e. g., sepsis, lettonus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Come," "Convulsions, Never report mere symptoms or terminal condi-Committee on Chronic valvular heart disease; etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

30m 110

BINDIN

FOR

RESERVED

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
d a P	*		
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones P. C.	May 1,1923	Gastrocnteritis	1 year
	2		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Village or City Bes AIK /Y 10 Set Ferre Noonan PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, SWIDOWED, OR DIVORCED temase White (Write the word) 0 oul BINI 6 DATE OF BIRTH (Day) (Year) 7 AGE If LESS than I day hrs. THIS RESERVED supplie n terms ds. or min. 8 OCCUPATION 90 (a) Trade, profession or particular kind of work Q (b) General nature of industry d business, or establishment in ..(Duretion) in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 00 व म OG 10 NAME OF 3 1 O JU BIRTHPLACE OF FATHER *State the l'israse CAUS Z ation Violent Causes, state (1) Means of Injury and (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 4 Scarborous nform state CCUP/ ients or Recent Residents) CCUI 13 BIRTHPLACE At place OF MOTHER of death vrs. mos. ds. of li should ent of O (State or country) Where was disease contracted, if not at place of dea.h?. Every Item CIANS sho statement Former or usual residence S, No.

PLACE OF DEATH

STATE OF MARY CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred In Ward) a hospital or institution, give its NAME In stead of street and

number.)

MEDICAL CERTIFICATE OF DEATH

I HEREBY CERTIFY, That I attended the deceased from 1532. to mar 18

alive on Man. 18

and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:

Causing Death, er, in deaths from (2) Whether

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the

DATE OF BURIAL

If more blanks are needed, address Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 state occupation at beginning of illness. If retired from laborer, Form laborer, Laborer-Cool mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil angineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servout, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-(a) Foreman, Housemoid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, household only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation (b) Automobile foctory. The material (6) Grocery;

Strtement of Cause of Death—Name, first, the DISEATH CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebyospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, approved by Committee on Nomenclature of the "(Exhaustion," "Heart failure,
"Inanition," "Marasmus," "Old Age," "Shock,"
"Iraamia," "Weakness," etc., when a definite disease
"Iraamia," "Weakness," etc., Always qualify all American Medical Association.) tetants) may be stated under the head of "contributory." eorbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ezhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Aecidental drowning; Struck by rollway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory not be

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ECRIVED

3

ECORD. Every item of infor-Exact statement of PHYSICIANS stated EXACTLY. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

should state

ACCUPA-

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(82-dL)
County Carford MITHIN CORPGRAT	Registration Dist. No. /88
Village or City the Stace,	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidenca In city or town whara daath occurredyrsm	osds. How long in U.S. if of foralgn birth?yrsmosds.
2. FULL NAME Planles Sull	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Nale, 14. COLOR OR RACE OR DIVORCED (WITH THE WORD) Nale, 14. COLOR OR RACE OR DIVORCED (WITH THE WORD)	21. DATE OF DEATH (Month) 2 9 , 198 3 2
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	1 HEREBY CERTIFY. That I attanded deceased from
<u> </u>	- 1144 6 C, 193 7, to 144 29, 1932
6. DATE OF BIRTH (month, day, and year) July, 1889	
7. AGE Years Months Days If LESS than 1 day,hr	to have occurred on the date stated above, atm.
V / \(\text{ormin.} \)	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, atc	2/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1
SAWYER, BODKKEEPER, atc.	- Hemplynin
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	
10 Jo Data decaased last worked at this occupation (month and spent in this	
- 1 Spont in this	
12. BIRTHPLACE (city or town) Heure de Grace	Other Cuatributury Causes of Importanca:
(State or country) Maryland!	7
12. BIRTHPLACE (city or town) Here de Grand (State or country) 2 13. NAME Powad Solid	
13. NAME COURT AND COLLECTION OF TOWN)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME KUNKUUNIK	23. If daath was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accidant, sulcide, or homicide? Date of injury19
(State of Country)	Where did injury occur?
17. INFORMANT Juliu Julius, (Addrass) Flours de Grand	(Specify city or town, county and State) Specify whather injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATUN, OR REMOVAL	Mannar of injury
Placa augel Hell Daja Mell, 31-193.	Natura of injury
A the	24. Was disaasa or ipiury in any way lelated to occupation of decaasad?
(Address) Pichelina de 2004.	24. Was disaasa of brighty in any way telared to occupation of decaasad.
man a le le 0 70 22	(Signed) (A) (M) D (M) D
20. FILED 20. 81, 1907 Sharles Joseph M. V. Registrar.	(Addrass) C. R. Agreet (M. D. M. P. J.)

6.5 GAS

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

(If deeth occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from

faul 1982 to mar 17 , 19

(Duration) yrs. mos.

igned) Willard P. Hubse

*State the Discase Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Transients or Recent Residents)

At place
In the

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL

20 UNDERTAKER

Bel and Here

DATE OF BURIAL

If more blanks are needed, addre.s State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Forenan, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, worked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b)

Strtement of Cause of Death—Name, first, the Dis-EACE (AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e. g., sepsis, telanus may be stated under the head of "contributory." barbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train-Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) The commendations on statement of cause of death Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic Carcinoma, Sarcoma, etc., of etc. The contributory valvular heart disease; Measles ;

If this certificate is looked over thoroughly and all questions an impred in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5

1. 4. [+ 1 1 1 1

OF DEATH USSIU
Registration Dist. No. / \$\sqrt{5}\$ St., Ward (ution, give its NAME instead of street and number) of foreign birth? yrs. mos. ds.
If nonresident give city or town and State
March 23 d , 199 2 ((Year)
Y CERTIFY, That I attended deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19
ATH and related causes of importance not thage caused by a 3-22-32 Limble est inflicted by a in Justifiable defends
d in Justifiable defends property while Jewis isling lis Chic kesis portages: Atated
Date of Novel Defermination Was there en autopsy? No. Buses (VIOLENCE) fill in also the following:
Mossicide. Date of injury March 22, 19.52.
re de drace Md. (Specify city or town, county and State) in INDUSTRY, in HOME, or in PUBLIC PLACE. large on private property pistol in Struggle to excepe
shop in broad
way related to occupation of deceased? Yes sekens & Serving time for years. P. Foley "Cotones" M.D.
rede Brase mel

(Address) Hours

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

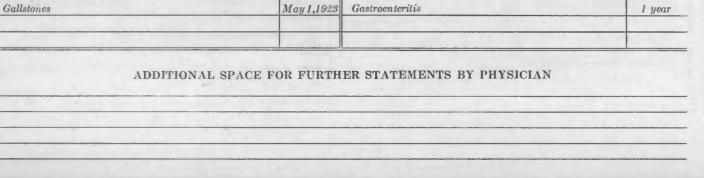
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis APR 5 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	1	9	1	1
U	4	U	J	I

1. PLACE OF DEATH	109
County Harford	Registration Dist. No. 18
Village or City Churchville	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrs,mosds,
2. FULL NAME AM Dungleton	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OF DIVORCED (write the word)	21. DATE OF DEATH Morrch 26 ,19332
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) here! 11, 193%	- I last saw h Dille on Suddenly death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
3 /6 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	neumone
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end	no physician; no further infor-
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end spent in this	matron, our B.
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Mar Churchwilli (State or country)	Const Contained of Importance.
14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME & Abelle Mourey	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME La Celle Mobrey 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury f9
E (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Alm Amplitor (Address) Almodum md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL / M. 10700	Menner of injury
Place Smith Chapit Date March 1936	Nature of injury
19. UNDERTAKER At & Bailey	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Darlingto, ma	If so, specify
20. FILED Mich 27, 19 32 Of All Johnes	(Signed) (Signed) (Research on Hole)
Registrar)	(Address)

V. S. No. 1

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYL CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred In Ward) a hospital or institution, give its NAME li steed of street and

number.)

MEDICAL CERTIFICATE OF DEATH

HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, at ..

*State the lisease Causing Death, or, in deaths from

18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the

DATE OF BURIAL

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken to report specifically the occupations of persons enlaborer, Farm laborer, Laborer-Coul minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return" Laborer,"" Foreman,"" Manager," "Dealworked on may form part of the second statement. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material As examples: (a) (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Synhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

as fracture of skull, and consequences (e. g., sepsis, (secondary or intercurrent) affection need not be st-ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Caneer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, atie), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condieausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or misearriage as can be ascertained as the eause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, Whooping American Medical Association.) or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-FOR VIOLENT DEATHS state MEANS OF INJU.:Y cough; Chronic valvular heart disease; etc. The contributory Always qualify all

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

County Harbord	CERTIFICATE OF
Village or City Bel One Mid (No.	Registration Dist. N
2 FULL NAME Pohertine Wilh	usus Spencer a hos ston, go stend stumbe
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Month (Month) (Da 17 I HEREBY CERTIFY, That Lattended to
6 DATE OF BIRTH 1.853 (Year)	that I last saw han alive on March
7 AGE If LESS than I dayhrs. G. mos	The CAUSE OF DEATH & was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary Contributory Secondary
10 NAME OF Shows Malkeum 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Eleg. Osborne	(Signed) *State the Disease Causing Death, on a Violent Causes, state (1) Means of Injury and Accidental, Sulcidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Injents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
(Address) Belan Mace Filed April 2 132 V. E. Chambers.	usual residence
Registrar	Don + Lester Bella.

DEATH

STATE OF MARYLAND

death occurred in pital or instituive its NAME in-of street and ATH

.... mos / Q ... de,

deaths from

(2) whether

stitutions, Trans-

s......da.

OF BURIAL

.....mos...... ds.

M.D.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. ('ensus and American Public Health Association.)

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EASE CAU INDEATH (the primary affection with respect to time and cau mion) using always the same accepted term for the arms discass. Examples: Corebrospinal fewer (the only definite symmetris "Epidemic cerebrospinal medingitis"); Diphilista (avoid use of "Croup"); Typhoid feror (never report "Typhoid pneumonia."): Lobar pneumonia, Broachopneumonia ("Pneumonia.")

s. All the data is essential and must be obtained before confidente is permanently filed

Money of cause of death argroved by Committee on Nemericature of the American Medical Association.)

If this certificate is to ked over thoroughly and all questions diswered in letall, it will prevent further correspond South Street and qualify as Acodental, suicidal, or monicidal, or "Puerperal sepileaconia." "Puereal perilonities." can be ascertained in the cause. Always qualify all "Uraemia," "Weakh.s." etc., when a definite disease rhage," "Inunition." "Marasmus," "Old Age." "Shock," "Dropsy." "Ethenstion." "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse, ary). 10 ds. Never report mere symptoms or terminal condition; such a: "Astheuia," "Anaemia" (merely causing death , 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms): inges, peritonaum, etc., Poisoned by carbal c acta-probably suicide, ture of the injury, as fracture of skull, a trun- accident: Recourse wound of head-homicide; as probably such if impossible to determine definitely State cause vulsions." Chronic interstitial nephritis, etc. The contributory unqualified. is indefinite); Tuberculosis of lungs, men-Whooping cough; Examples: Accidental drowning: (secondary or intercurrent) affection need not be of "contributory." .. (name origin; "Cancer" is tess definite; avoid FOR VIOLENT DUALITIES STATE MEANS OF INJURY (e. g., sepsis, tetarios) may be stated under the the injury, as factors of skull, and conse resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), for which suggest operation was under Chronic valeular heart disease; Carcinoma, Sarcoma, etc., of R commendations Example: Hearles (disease Struck by railway " "Coma," Mensics: (second-

MARG	TH UNF	should be
•	WRITE SINLY WITH UNF	N. BEvery Item of information should be
V. S. No. 1	WRIT	N.BEvery iter

		UCJII
PLACE OF DEATH		STATE OF MARYLAND
County of arland	82-0	CERTIFICATE OF DEATH
10	Gu G	Registration Dist. No. 184
Village or City Nully (No.		
mage of City (No.	0	St.: Ward) (if death occurred in a hospital or institu-
2FULL NAME homan A	& now	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MED	NCAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE,	16 DATE OF DEAT	TH
Male Colored WIDOWED. OB DIVONCY	***************************************	marel 13, 182
6 DATE OF BIRTH	17 I HERE	(Month) (Day) (Year)
Unknown -		cel/ 1934. 10 march /3, 193 =
(Month) (Day) (Year)	that I last saw h	in alive on Merch 1933
AGE [If LESS than		curred on the date stated above, at
Mout 72 I day hrs.	The CAUSE OF DE	EATH * was as follows:
yrsmosds. ormin.?	apr	plepy
(a) Trade, profession or particular kind of work		
(b) General nature of industry	0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -	
business, or establishment in Which employed or (employer)	\$\$	(Duration) yrsmos/.0ds.
BIRTHPLACE	Contributory	Heyl Black pressur
(State or country)	Secondary	(Duration) Zyrs nos de.
10 NAME OF FATHER AND	(Signed) F.P.	Sundgrass MD
H BIRTHRUCK		& ZeAddress) Harlington
OF FATHER (State or country) 12 MAIDEN NAME	Violent Causes, Accidental, Suicid	Pisease Causing Death, or in deaths from state (1) Means of Injury and (2) Whether all or Homicidal.
of Mother Caroline Gubson	IB LENGTH OF I	RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent	Residents) In the
OF MOTHER (State or Country)	of deathyrs	mosds. Stateyrsmosds.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease of if not at place of d	ontracted, lea.h?
Emma domand.	Former or usual residence	
(Informant)	19 PLACE OF BUR	IAL OR REMOVAL DATE OF BURIAL
(Address) Ovu, Majakan,	Clarks (Chapel Con March 15, 1.32
5 Filed Man 14 192 M. W 74-1-	20 UNDERTAKER	ADDRESS,
Filed // 192 // Registrar	At. DIA	Spiles Northing to Mid
Registrar	111010	I billiten to many of the more

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of octhe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. tion applies to each and every person, irrespective of er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House whatever, write None. or given up on account of the DISEASE CAUSING DEATH for many occupations a single word or term on or At Home, and children, not gainfully em-But in many

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> accident; Revolver wound of head-homicide; Poisoned by telanus) may be stated under the head of "contributory." atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably swicide. The n-ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by roilway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY

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V. S. No. 1

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23)
County Harford	Registration Dist. No. 185
Village or Can Aparade Grace	No. 324 M. Union are St., Ward
(If Length of residence in city or town whera death occurred 8 yrs. 0 mos.	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Margaret Era To	Valler
(a) Residence: B. 24 M. Union are	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word) Ternale White	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of HARE Lad O Walley	22. HEREBY CERTIFY, That I ettended deceased from
1. 291000	1932 to 1932 to 1932
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h 22 aliva on 22 aliva on 1932; death is said to have occurred on the date stated abova. at 11 Pm.
4 3 3 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	Wera as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER Leaturant Lucker SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	Intercelosis /
9. Industry or business in which work was dona, as SILK MILL,	I fighertuplue (inhous
SAW MILL, BANK, etc	altered Ochroci.
this occupation (month and year)	Johnstofelegia
12, BIRTHPLACE (city or town)	Other Contributory Causes of Importance
(State or country)	andreas of ashers
13. NAME Frank S. Jackson	
13. NAME Frank S. Jackson 14. BIRTHPLACE (city or town)	Name of operation Date of
- (State of Country)	What test confirmed diagnosis? Was thera an au'opsy?
15. MAIDEN NAME Jusiphine Linen	23. If death was due to extarnal causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Supplies Since	Accident, suicide, or homicide?
(State or country) (Mulg. Oa.	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT LARSHALL Waller (Address) Fairle Erace Mid.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mg Date Mar 7, 1922	Nature of injury
19. UNDERTAKER T. Madison Mitchelf	24. Was diseasa or Injury In any way related to occupation of deceased?
(Address) Havrede Grace Md.	If so, specify
20. FILED Mar. 7, 1932 Charles y. Joley M. S.	(Signed) (M.D. D. (Address) Olayan da Diaking

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Print of W. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more bianks are needed, addre. s tate Registrat, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise are laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, or given up on account of the DISEASE CAUSING DEATH, Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is necesbe used only when needed. As examples: (a) (b) Cotton mill; (a) Salesman, Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary American Medical Association.) elanus) may be stated under the head of "contributory." Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Example: Measles (disease

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BUREAU

V. S

	Sir		PLACE OF DEATH
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39)	d .		toosooontoodoomoontoon

Villa

(82-a

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

ge or City Warry L. (No.	St:
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millon

(If death occurred in a hospital or institu-tion, give its NAME 11-stead of street and

-FOLL NAME		number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE C	F DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Mourely (Month)	
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I atte	ended the deceased from
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated The CAUSE OF DEATH * was as follows:	above, atm
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	apople y y (Duration)	
9 BIRTHPLACE (State or country) 10 NAME OF FATHER	Contributory Secondary (Duration) (Signed) (Signed)	dsds.
OF FATHER (State or country)	*State the Disease Causing Death, Violent Causes, stats (1) Means of Inj Accidental, Suicidal or Homicidal.	or, in deaths from
OF MOTHER althe Scarbury	18 LENGTH OF RESIDENCE (For Hospit ients or Recent Residents) At place In the of deathyrsmosds.	als, Institutions, Trans-
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h? Former or usual residence.	
(Informant) Mr J. M. Varrier (Address) Warring to W	19 PLACE OF BURIAL OR REMOVAL	Mela 28, 1982
15 7 14/ 4/ /	20 UNDERTAKER	ADDRESS

If more banks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal mine, etc. Womadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many

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> approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart Imure, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underatic), "Atrophy," "Collapse, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of as fracture of skull, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all Never report mere symptoms or terminal condicough; Chronic valvular heart disease; and consequences (e. g., sepsis, Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory

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County	Word			Registration Dist. No. 105	7
Village or City	ily or town where	death occurred	// (II	No. St., death occurred in a hospital or institution, give its NAME instead of street and numb ds. How long in U.S. if of foralgn birth?	Ward ber) ds.
2. FULL NAME (a) Residence: No.	Infau III	y Itiliane (Usual place	son (Ward. If nonresident give city or town and State	le
PERSONAL AN	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
S. SEX 4. COLO	OR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day)	S.Z
5a. If married, widowed, or div HUSBAND of	orcad			(Hullin) (Day)	(1881)
(or) WIFE of				22. I HEREBY CERTIFY, That I attended dece	
	/	m	2	, 19, to,	
6. DATE OF BIRTH (month, da		- man	30 1937	l last saw h; de	ath Is sale
7. AGE Years	Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ate of onset
8. Trade, profession, or p kind of work done SAWYER, BOOKKE 9. Industry or business i work was done, as SAW MILL, BANK,	, as SPINNER, EPER, etc n which SILK MILL, etc	,		(3 mo) Themadure	
10. Date deceased last wo this occupation (mo year)	onth and	Spa	ime (yeers) nt in this upation	Other Contributory Causes of Importance:	
(State or country) 13. NAME 14. BIRTHPLACE (city or t (Stale or country)	own) Ha	Wilson	Yhan.	Nama of operation Date of What test confirmed diagnosis? Was thera an autop	psy?
15. MAIDEN NAME	tran	ues &	nonto	23. If death was due to external causes (VIOLENCE) fill in elso the following:	
16. BIRTHPLACE (city or to (Stata or country)	own) H=	n an	Stace	Accident, suicide, or homicide? Date of injury Whera did injury occur?(Specify city or town, county and State)	, 19
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR	Han	Mon au &	France	Specify whether injury occurred in INDUSTRY, in HOME, er in PUBLIC PLACE.	
Placa Placa	Trous	Date Date	ax301932	Manner of InjuryNature of injury	
19. UNDERTAKER (Address)	John	Itilson	(Jather	24. Was disease or injury in eny way related to occupation of deceasad?	
11h -	. /	0 (1	40 m	(Signed) Chas L. Joleya	M I

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di sprata	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN